



**STATE AUTHORIZATION  
FOR NATIONAL  
REGISTRY EMT TEST  
ELIGIBILITY**

Virginia Office of EMS  
Division of Educational Development  
Virginia Department of Health  
109 Governor St UB-55  
Richmond, VA 23219

**Virginia Certified EMT Information**

**Section 1: Applicant Information (completed by all applicants)**

**Provider Name:**

FIRST

MI

LAST

SUFFIX

**Address:**

STREET, APT#

PHONE NUMBER

CITY

STATE

ZIP

**Virginia Certification Number:**

**Level:**

**Email Address:**

If the applicant is a current Virginia Certified EMT and took the Virginia EMT written and practical examination within one (1) year of this request, then complete Section 3 by signing and dating then mail this form to:

NREMT Authorization Request  
Division of Educational Development  
Virginia Office of EMS  
109 Governor St UB-55  
Richmond, VA 23219

If the applicant holds a valid Virginia EMT certification card issued within two (2) years and it has been more than one (1) year ago since your last Virginia EMT written and practical certification examination, then complete Section 2 and Section 3 prior to mailing this form.

**Section 2: Verification of Skill Competence**

This section must be completed by a Virginia Certified EMT Instructor or a recognized Virginia EMS Physician.	Q/A;Q/I	Direct Observation	Other
1. Patient Assessment/Management: Medical and Trauma			
2. Ventilatory Management Skills/Knowledge: Simple Adjuncts Supplemental oxygen delivery Bag-Valve-Mask One-Rescuer Two-Rescuer			
3. Cardiac Arrest Management: Automated External Defibrillator (AED)			
4. Hemorrhage Control & Splinting Procedures			
5. Spinal Immobilization: Seated and lying patients			
6. OB/Gynecologic Skill/Knowledge			
7. Other Related Skills/Knowledge: Radio communications Report writing & documentation			

As a certified Virginia EMT instructor or a Virginia endorsed Physician Course Director or Operational Medical Director, I do hereby affix my signature attesting to continued competence in all skills outlined above as determined by the identified process.

Signature	Print Name	Virginia EMS Number

**Section 3: Confirmation of Information**

I hereby affirm that all statements on this application are true and correct. It is understood that false statements or documents may be sufficient cause for OEMS to deny the applicant's request for authorization to complete NREMT testing.

Signature	Date



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### Instructions:

- A) This is a Microsoft Word® fillable form that allows you to complete Section 1 on your computer and then print it for completion of other sections as necessary. Eligible candidates are defined as:
- 1) Successfully completed a Virginia written and practical certification examination within one year of this request.
  - 2) Possess a Virginia EMS certification issued not more than 2 years from the date of this request.
- B) The date of request is based upon the postmark date on the mailing envelope used to deliver the application.
- C) If your Virginia EMS certification was issued greater than two (2) years prior to the request date, you are not eligible for National Registry EMT testing authorization until you recertify your Virginia EMS Certification.
- D) Authorization for National Registry EMT testing requires the applicant to possess current Virginia EMS certification at the EMT or Virginia Enhanced level.
- E) Attach a copy of your current CPR card to the application.
- F) After mailing this application to the Office of EMS you must go to the National Registry web site and complete the on-line registration. When asked for a program name choose "Virginia Office of EMS. The site number is 76000.
- G) The Office of EMS will go on-line weekly to approve registrants after which you will receive an Authorization –To-Test (ATT) letter from the National Registry.
- H) Once the ATT letter is received, you must contact a National Registry approved Pearson Vue Test center to arrange for taking the test.
- I) Incomplete applications will not be processed.
- J) You should allow for up to thirty (30) days from the start of this process until receiving an ATT letter from National Registry.

### **Section 1 and 3 must be completed by all applicants.**

If you have taken the Virginia EMT written and practical certification examination within one (1) year of this request, then skip to Section 3 of the application and complete.

If your Virginia EMS certification was issued more than one (1) year ago but less than two (2) years from the date of this request, you must complete Section 2 and Section 3.

### **Section 1**

Provider Name:	Print your First name, Middle initial, Last name and suffix.
Address:	Print your current mailing address.
Virginia Certification Number:	Print your Virginia Office of EMS Certification Number.
Level:	Indicate your current Virginia EMS certification level.

### **Section 2**

This section requires that a Virginia certified EMT Instructor, a Virginia endorsed Physician Course Director or a Virginia endorsed Operational Medical Director verify the applicant's skill competency for each of the skills listed by placing a check mark in the column that is being used to verify competence of the specific skill listed in the same row.

Signature:	Signature of the EMT Instructor, Physician Course Director, Operational Medical Director verifying skill competence.
Print Name:	Printed name of the person verifying skill competence.
Virginia EMS Number:	The Virginia Office of EMS issued Certification Number or physician number.

### **Section 3**

Must be completed by the applicant.